

**RECEIVED**  
**CENTRAL FAX CENTER**

**FEB 06 2006**

PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/555,586		
	Filing Date	November 4, 2005		
	First Named Inventor	Li-Ming Gan		
	Art Unit	Not Yet Assigned		
	Examiner Name	Not Yet Assigned		
	Attorney Docket Number	100916-1P US		

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
OR  
☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:  
☒ The address associated with Customer Number:   
OR

☐ Firm or Individual Name ☐ AstraZeneca Pharmaceuticals LP

Address   
35 Gatehouse Drive

City

Country  State  Zip

Telephone  Fax

I am the:

☐ Applicant/Inventor.  
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date  Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of  forms are submitted.